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Inclusion	Exclusion
Any patient with at least 1 symptom of ocular or oral dryness, defined as a positive response to 1 or more of the following questions:	Prior diagnosis of any of the following conditions, which would exclude diagnosis of pSS and participation in pSS studies or therapeutic trials because of overlapping clinical features or interference with criteria tests.
1) Have you had daily, persistent, troublesome dry eyes for more than 3 months?	1) History of head and neck radiation treatment
2) Do you have recurrent sensation of sand or gravel in the eyes?	2) Active hepatitis C infection
3) Do you use tear substitute more than 3 times per day?	3) AIDS diagnosis
4) Have you had a daily feeling of dry mouth for more than 3 months?	4) Sarcoidosis, amyloidosis, graft-versus-host disease
5) Do you frequently drink liquids to aid in swallowing dry food?	5) IgG4-related disease
6) pSS suspected from the European League Against Rheumatism pSS Disease Activity Index Questionnaire (1 positive item).	6) Patients taking anticholinergic drugs should be evaluated for objective signs of hypofunction and ocular dryness after sufficient break from medications.

Table 1: Inclusion criteria for subsequent classification of suspected pSS patients. ACR⁵.

Criterion	Outcome	Score
Anti SSA/Ro antibody	Positive	3
Focal lymphocytic sialadenitis	A focus score of ≥ 1 foci/4 mm ²	3
Ocular Staining Score	>5	1
Schirmer's Test	<5mm/5min	1
Unstimulated salivary flow rate	<0.1mL/min	1
Table 2: The final ACR/EULAR classification criteria, based on the weighted sum of five items. Individuals with signs and/or symptoms suggestive of SS who have a total score of ≥ 4 for the above items meet the criteria for pSS, ACR/EULAR 2016⁸.		

Focus Score	No. of Lymphocytic Foci per 4 mm²
0	None or a small aggregate or infiltrate
1	One aggregate of 50 or more lymphocytes
2-11	Two to eleven aggregates (raw number)
12	Twelve aggregates or confluent infiltrate
Table 3. The currently accepted “Focus Score” Pathologic Grading System for the diagnosis of Sjögren's syndrome ¹⁸. A focus score of 1 or more qualifies for scoring on the ACR/EULAR criteria.	

Complication	Reported Frequency
<i>Transient adverse events (<14 days)</i>	0-12.7%
Paraesthesia	0-11.7%
Haematoma	0-1.6%
Local swelling	0-5.4%
Scarring/granulation/bleeding	0-1%
<i>Chronic adverse events (>14 days)</i>	
Paraesthesia: up to 6 months	0-11.7%
Permanent	0-6%
Table 4: Range of frequency of complications associated with labial gland biopsy from different studies using different surgical approaches ^{13,21,22} .	

Standard	
6.4	You must only accept a referral or delegation if you are trained and competent to carry out the treatment and you believe that what you are being asked to do is appropriate for the patient
6.4.1	If a colleague asks you to provide treatment, a dental appliance, or clinical advice for a patient, you must ensure that you are clear about what you are being asked to do and that you have the knowledge and skills to do it.
6.4.2	If you do not think that what you have been asked to do is appropriate, you should discuss this with the colleague who asked you to do it. You should only go ahead if you are satisfied that what you have been asked to do is appropriate. If you are not sure, you should seek advice from your professional association or defense organisation.
Table 5. Excerpt from the GDC's Standards for the Dental Team³².	

Scenario	Referral	Investigations	Patient Factors	Suggested Outcome
1	Rheumatologist refers a 54-year-old female to the oral surgery department. They report dry eyes, dry mouth, both symptomatically and confirmed on examination. They report no significant multisystem involvement.	Their ENA antibody screen previously carried out is negative.	The oral surgeon identifies patient is not willing to accept any risk of altered lip sensation.	Do not proceed – Liaise with referrer
2	A General Practitioner refers a 70-year-old male to oral surgery. They have a history of dry eyes and dry mouth with a working diagnosis of pSS Syndrome. They report no significant multisystem involvement.	Their ENA is negative. Investigation includes an Ultrasound of the major salivary glands- revealing no changes consistent with SS related damage.	The patient is not concerned about getting a diagnosis and does not want treatment for his symptoms.	Do not proceed – Liaise with referrer
3	A General Practitioner refers a 63-year-old male to oral surgery. They have a history of dry eyes and dry mouth with a working diagnosis of pSS Syndrome.	Their ENA is positive.	The patient is keen to confirm the working diagnosis of PSS. They are happy to accept the relevant potential surgical complications.	Discuss with referrer – objective signs of dry mouth or eyes could confirm the diagnosis and bx may not be required
4	A 34-year-old female patient is sent as an urgent referral to oral surgery for a labial gland biopsy. She has neurological symptoms associated with an autoimmune disorder and the rheumatology team suspect underlying primary Sjorgren's Syndrome. They wish to begin treatment with systemic disease modifying medication, but want confirmation of pSS prior to commencing.	Their ENA is positive but an ultrasound was inconclusive of damage to the major salivary glands.	The patient is aware of the potential risks and side-effects of the DMARDs the consultant rheumatologist wishes to commence immediately and feels the risks of these medications being prescribed inappropriately outweigh the risks of the biopsy.	Proceed

Table 6: Potential referrals an oral surgery department may receive for labial gland biopsies and suggested outcomes.